

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048527

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 2 1963

1003

12347

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*Length of stay in 1b  
*6 Yrs.*c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *HAMILTON MEDICAL CENTER*Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE *MISSOURI* COUNTYc. CITY OR TOWN *St. Louis*Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
*5027 GERALDINE*Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

*NORA**LEWIS*

4. DATE OF DEATH

Month

Day

Year

*12**23**1962*5. SEX  
*FEMALE*6. COLOR OR RACE  
*WHITE*7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
*5-31-'80*9. AGE (last birthday)  
*82*IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*HOUSEWIFE*10b. KIND OF BUSINESS OR INDUSTRY  
*AT HOME*11. BIRTHPLACE (City and state or country)  
*KENTUCKY*12. CITIZEN OF WHAT COUNTRY  
*U.S.*

13a. FATHER'S NAME

*UNKNOWN*

13b. MOTHER'S MAIDEN NAME

*UNKNOWN*

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

*IMOGENE DELANEY ST. LOUIS, MO.*18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Heart - plegia*

INTERVAL BETWEEN ONSET AND DEATH

*10-5-62*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*generalized arteriosclerosis*

DUE TO (c)

*334X*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *12-28-52* to *12-23-62* and last saw her *her* alive on *10-21-62*  
Death occurred at *2:00 P.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

*REMOVAL 12-23-1962 SUNSET HILL*  
*ED MERCER SONS GRANITE CITY, ILL.**DEC 24 1962**Ed Smith, M.D.*

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Shirton C. Williams

Licensed Embalmer No. 5016

P. O. Address Granite City, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.